(aign contribu	TILLY	ES REPORT	,	4.10	State of Nevada
1	Name (n		Offic	e (if applicable)	80113	77	District (if applicable)
_		Address (include city and Mary	zip, code) Clerk (gmai	1. com	Telephone No.	111-675
		ppropriate Box(es)	CANDIDATE PAC	□ POL PRTY	□ IND EXP	NONPROFIT CORP	20 R
			LEGAL DEFENSE FUN	D AMENDED	LOCAL BAG		
ı			Due January 15, 2010 2009 – December 31, 2009				RA
		Report #1 — Du Period: Jan. 1, 2	e June 1, 2010* 010 — May 27, 2010				R OF
		Report #2 Due - Period: May 28,	- October 26, 2010* 2010 - Oct. 21, 2010				2: 2 VOTE
]		— January 15, 2011*/** 2010 — Dec. 31, 2010				ERS
		Annual Filing – Period: January	Due January 15, 2011 1, 2010 – December 31, 2	2010		FOR O	FFICE USE ONLY
	* T	hese Reports are hird Report suffic	filed by incumbents/can es for 2011 Annual Filin	didates in the 2 g if candidate a	2010 election cy also filed Report	rcle t Nos. 1 and 2	
		CON	TRIBUTIONS SUMMARY	r		This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
	1.	Total Monetary Contrib (See page 1 of instr	utions Received in Excess of \$ uction sheet)	100		2100	2100
	2.	Total Monetary Contrit party. (See page 2 of	outions in the form of loans gua instruction sheet)	aranteed by a third			
	3.	Total Monetary Contrib (See page 2 of instruc	outions in the form of loans that ction sheet)	were forgiven	Cumulative From		
				This Period	Beginning of Report Period #1 Through End of This Reporting Period		
	5.	Total Amount of Writter Contributions (When concontribution (monetary or in (See page 2 of instruction Total Value of In Kind	3) (See page 2 of instruction sheet) n Commitments for mmitment is funded, report as kind))	2540	2540		
				EXPENSES SUN	AMARY		
	7.	Total Monetary Expen	ses Paid in Excess of \$100	AFENSES SUN	MMART		
		(See page 2 of instru Total Value of In Kind I	ction sheet)	289.39	289 39	,	
				AFFIRMATION	ON		
(10	eclar	e Under Penalty of	Perjury That the Forego	oing is True and	d Correct.	/	
Sig	gnature	algare	14 A	eup	Date	1/13/	10

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Margaret Flux

Cleve
Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
See attached					
					1
	- P				

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Date Name Address City State Zip Amount 7/15/2009 Margaret Flint PO Box 5584 Reno NV 89513 300 (LΦ&M) 8/13/2009 Morvay Revocable Trust 4150 Swanson Ln Reno NV 89509 200 9/2/2009 Raha Corporation 4150 Swanson Ln Reno NV 89721 500 10/7/2009 Raha Corporation 890 Marsh Ave Reno NV 89509 100 10/30/2009 Jacquelyn Pryor 460 McClure Cir Sparks NV 89431 200 12/8/2009 Joni Kaiser/Thomas Lake 2190 Matteoni Dr Sparks NV 89431 100 12/8/2009 FTH Corporation 700 W 4th St Reno NV 89503 225 12/26/2009 Will Treat 700 W 4th St Reno NV 89503 275 12/26/2009 Will Treat 700 W 4th St Reno NV 89503 275 12/26/2009 Will Treat
City State Zip Amount Reno NV 89513 300 Reno NV 89509 200 Carson City NV 89721 500 Reno NV 89509 100 NV 89509 100 Sparks NV 89431 200 Sparks NV 89434 100 Reno NV 89503 225 Reno NV 89503 275 Reno NV 89503 275 Total: 2100
State Zip Amount NV 89513 300 NV 89509 200 City NV 89721 500 NV 89509 100 NV 89430 100 NV 89431 200 NV 89434 100 NV 89505 100 NV 89503 225 NV 89503 275 Total: 2100
te Zip Amount 89513 300 89509 200 89721 500 89721 500 89609 100 80120 100 89431 200 89434 100 89505 100 89505 100 89503 225 89503 275 Total: 2100
Amount 300 200 500 100 100 200 100 200 200 200 275 275
Amount 300 (LOWN) 200 500 100 100 200 100 200 100 275 275 2100

ite	
Name	Contibutions Under \$100
Address	
City	
SI	

11/5/2009	01201200	0/35/3000	9/11/2009	9/10/2009	9/8/2009	8/20/2009	8/18/2009	8/16/2009	8/13/2009	8/11/2009	8/10/2009	8/7/2009	Date	
	Thomas & Dorothy Batchelor	Alexa Albert/Andy Sack	Helaine Jesse	Ameila Carol Gunderson	Antique Angel Wedding Chapel	Robert & Susan Marie Kline	Virginia G. Maynard	Howard & Cheryl Blomstrom	EF & MG Pfister	DJ's Truck Repair, Inc	Marni Stauts	Jerry & Teresa Ann Gaul	Name	Contibutions Under \$100
	2060 Palasade Dr	5129 NE 41st St	7095 Iron Mountain Blvd	82842 Ocean Blvd	15 N Virginia St	7304 Spruce Mill Dr	2463 Lincoln St	3539 Cherokee Dr	37758 Salty Way W	840 Watson Way	592 E Pennsylvania	1207 Bergan Rd	Address	
	Reno	Seattle	Stagecoach	Westlake	Reno	Yardley	Eugene	Carson City	Selbyville	Sparks	Boise	Oreland	City	
	Z	WA	Z	OR	Z	PA	OR	Z	DE	Z	ō	PA	State	
Total	89509												CD	
440	50	25	50	50	50	20	25	50	25	50	20	25	Amount	

Margoret Fint

Clerk

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 ^{RO} PARTY IF LOAN GUARANTEED BY 3 ^{RO} PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
n/a						

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Margaret Flint Chame (print) Office (if a

Office (if applicable)

Washoe Coonfey
District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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Margaret Flut Cley
(print) Office (if applicable)

Washoe Coon Leg

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Fast Signs 1280BEPlumbLn Romo, NV 89502	D	7/23/09	44,17
Fast Signs 128013 Epiumb Ln Reno, NV 8950Z	D	7/30/09	197,87
Fast Signs 1280B E Plumb LN PEND, NV 89502 US POST OFFICE	D	8/7/09	44.17
US POST OFFICE 1490 Standust RMO, NV 89503	A	8/4/09	45.76

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Report Period

Office (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
n/a			

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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